

UNITED STATES DISTRICT COURT

for the

Western District of Washington 

ELI LILLY AND COMPANY

Plaintiff(s)

v.

ALDERWOOD SURGICAL CENTER LLC D/B/A
ALLURE ESTHETIC, D/B/A GALLERY OF
COSMETIC SURGERY, D/B/A SEATTLE PLASTIC
SURGERY, ET AL.

Defendant(s)

Civil Action No. 2:24-cv-00878-SKV

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* ALDERWOOD SURGICAL CENTER LLC
c/o MPBA SERVICE COMPANY LLC
701 5TH AVE, SUITE 5500
SEATTLE, WA 98104

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

JASON SYKES, ESQ.
NEWMAN LLP
1201 SECOND AVENUE, SUITE 900
SEATTLE, WA 98101

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 06/21/2024



Signature of Clerk or Deputy Clerk



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PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____ .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: